ARUP LABORATORIES | NATIONAL REFERENCE LABORATORY

A nonprofit enterprise of the University of Utah and its Department of Pathology

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THIS IS NOT A TEST REQUEST FORM.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR VON WILLEBRAND (VWD) TESTING

Patient Name _____ **Date of Birth** _____ **Sex** ☐ **F** ☐ **M**

Physician _____ **Physician Phone** _____

Practice Specialty _____ **Physician Fax** _____

Genetic Counselor _____ **Counselor Phone** _____

Patient's Ethnicity (check all that apply)

☐ African American ☐ Asian ☐ Hispanic ☐ Native American
☐ Ashkenazi Jewish ☐ Caucasian ☐ Middle Eastern ☐ Other: _____

Does the patient have a suspected diagnosis of VWD? ☐ No ☐ Yes (specify type below)

☐ Type 1 ☐ Type 2A ☐ Type 2B ☐ Type 2M ☐ Type 2N ☐ Type 3 ☐ Pseudo VWD ☐ Acquired VWD

Does the patient have symptoms? ☐ No ☐ Yes (check all that apply)

☐ Excessive bruising ☐ Hematuria ☐ Prolonged bleeding after childbirth
☐ Gastrointestinal bleeding ☐ Intracranial hemorrhage ☐ Prolonged bleeding post-surgery
☐ Hemarthrosis ☐ Menorrhagia ☐ Prolonged repeated nosebleeds
☐ Hematomas ☐ Post tooth extraction bleeding ☐ Other symptom(s): _____

Indicate disease severity in the patient: ☐ NA ☐ Mild ☐ Moderate ☐ Severe ☐ Unknown

Laboratory Findings—Hemostasis factor assays:

Factor VIII:	_____%	☐ Normal	☐ Low	☐ Unknown	☐ Not performed
VWF: RCo (ristocetin cofactor activity)..	_____%	☐ Normal	☐ Low	☐ Unknown	☐ Not performed
VWF: Ag (quantity of antigen)	_____%	☐ Normal	☐ Low	☐ Unknown	☐ Not performed
VWF: CB (collagen binding).....	_____%	☐ Normal	☐ Abnormal	☐ Unknown	☐ Not performed
VWF: FVIIIB (Factor VIII binding).....		☐ Normal	☐ Abnormal	☐ Unknown	☐ Not performed
RIPA: Ristocetin-induced platelet agglutination.....		☐ Normal	☐ Abnormal	☐ Unknown	☐ Not performed
VWF Multimer Pattern		☐ Normal	☐ Abnormal (describe: _____)		

Has the patient undergone previous DNA testing? ☐ No ☐ Yes ☐ Unknown

If yes, describe the test(s) and results: _____

Is there any relevant family history? ☐ No ☐ Yes ☐ Unknown

If yes, attach a pedigree or specify the relative's relationship to the patient. List their symptoms and age of onset:

Has DNA testing been performed for the family member(s)? ☐ No ☐ Yes ☐ Unknown

If yes, attach a copy of the relative's DNA laboratory result (REQUIRED for familial mutation testing).

Check the test you intend to order.

☐ **2005480 von Willebrand Disease, Type 2A (VWF) Sequencing Exon 28 with Reflex to 9 Exons:** Clinical sensitivity ~ 99% for type 2A.
☐ **2005486 von Willebrand Disease, Type 2B (VWF) Sequencing:** Clinical sensitivity ~ 80% for 2B.
☐ **2005490 von Willebrand Disease, Type 2M (VWF) Sequencing:** Clinical sensitivity ~ 80% for type 2M.
☐ **2005494 von Willebrand Disease, Type 2N (VWF) Sequencing:** Clinical sensitivity unknown.
☐ **2005476 von Willebrand Disease, Platelet Type (*GP1BA*) 4 Mutations:** Clinical sensitivity unknown.
☐ **2001961 Familial Mutation, Targeted Sequencing:** Tests for a mutation previously identified in a family member; a copy of relative's lab result is REQUIRED.

Master Label

For questions, contact an ARUP genetic counselor at 800-242-2787 ext. 2141